

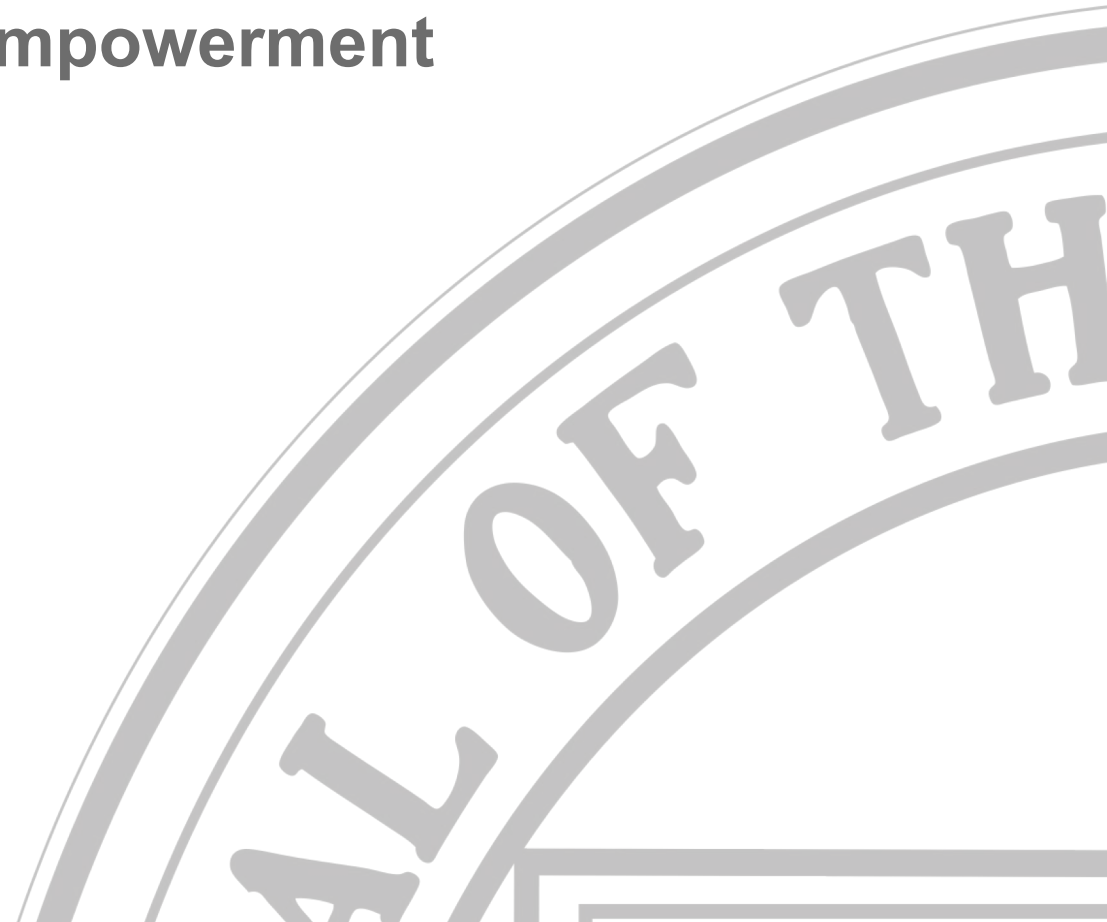
Governor Ducey's Council on Child Safety and Family Empowerment

May 10, 2018

Governor's Executive Tower
2nd Floor Conference Room



Council on Child
Safety and
Family Empowerment



Special Recognition



Lucy



Michael



Lindsey Shine

Governor Ducey's Council on Child Safety and Family Empowerment

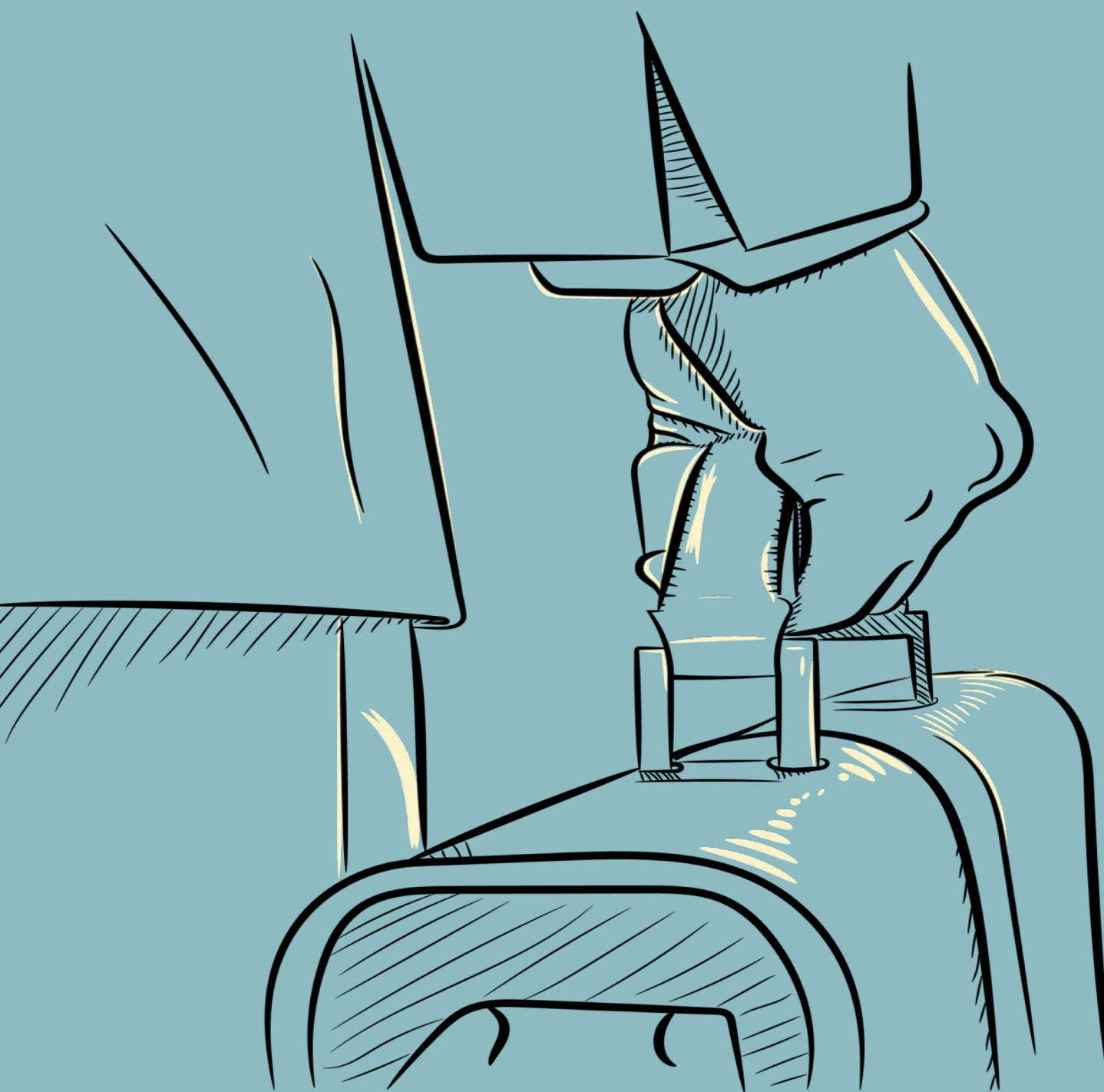
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A REAL SECOND CHANCE

*Initiatives aimed at reducing
recidivism, improving public
safety, saving tax payer
dollars, and doing the right
thing.*

“It’s opportunities like this – where Corrections truly becomes Corrections.”

–Governor Doug Ducey



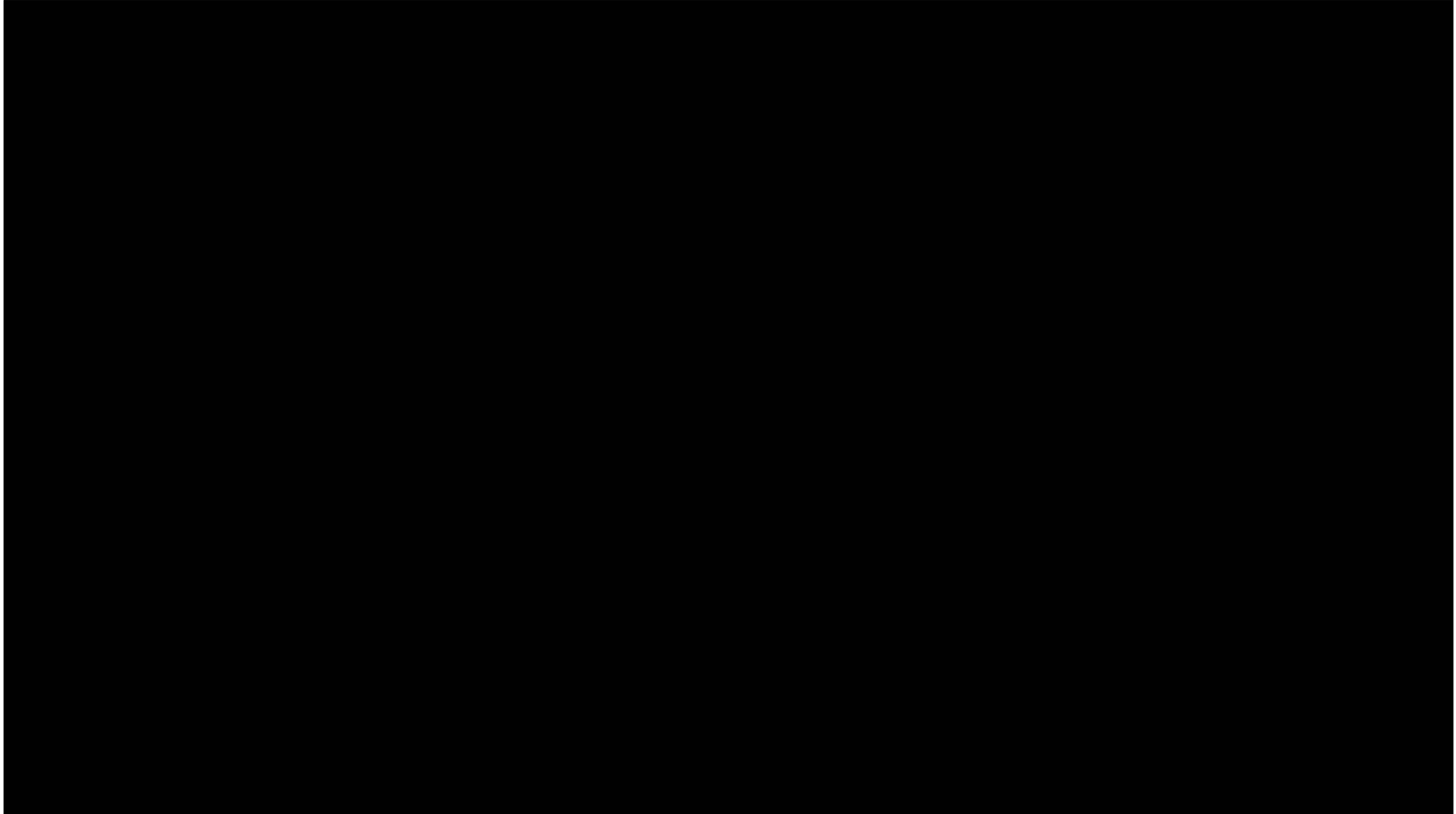


Providing that second chance

- ***What We've Done:***
 - *Maricopa County Reentry Center*
 - *Second Chance Centers*
 - *Lewis, Perryville, and Tucson*
 - *Preparing inmates for release (last 60 days of incarceration)*
 - *Employment services, resume building, interview training, job fairs, and technical training*
 - *Post-Release Fire Crew*
 - *Vivitrol Pilot Program*
 - *Added Substance Abuse Counselors*



From Incarceration To Employment





Results

- *Since the beginning of FY17, our prison population has **decreased by 1,014 inmates**.*
- ***Largest drop in the Arizona inmate population** since 1974.*
- ***10% drop** in inmates returning to custody for technical violation.*
- ***939 inmates** with a high-risk to recidivate have graduated from our Second Chance Centers, and **528 (56%)** have successfully gained employment upon release.*
- ***No new prison beds** forecasted for the second year in a row.*



More can be done

1. Executive Order: Second Chance Box

- New policy applies to state agencies*
- Delays questions about criminal background until after applying and interviewing for a job*
- Allows all applicants a fair hearing*
- Doesn't apply to positions where statute has specific directions (Example: DPS Troopers)*
- Maricopa County followed the Governor's lead and adopted the policy.*



More can be done

2. Pre-Enrollment In Medicaid

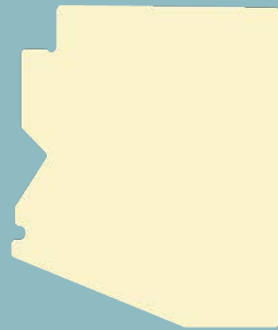
- Historically, inmates would have had to enroll in AHCCCS after being released – causing potential lapses in coverage, including drug treatment*
- Since September 2016, Corrections and AHCCCS have partnered together to ensure that those inmates eligible for Medicaid are pre-enrolled prior to release for the best opportunity for success*
- Over 7,000 inmates have applied for Medicaid through this program with a 90% approval rate*



More can be done

3. Partnership With Uber/Lyft

- Public-private pilot program provides recently released inmates rides to jobs*
- Pima County and Maricopa County*
- Uber and Lyft each contributed \$5,000 to pay for rides, which the State matched*
- Allows individuals who don't have transportation options to find a job, get to work and get on their feet*



OFFICE OF THE GOVERNOR
DOUG DUCEY

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A group of diverse young children, including girls and boys of various ethnicities, are smiling and sitting together in what appears to be a library or bookstore, with bookshelves visible in the background. The children are dressed in casual clothing like t-shirts and jeans. The overall mood is positive and supportive.

Family First
Prevention
Services Act
P.L. 115-123

**SAFE
STRONG
SUPPORTIVE**

casey family programs

A group of diverse young children, including girls and boys of various ethnicities, are smiling and sitting together in what appears to be a library or bookstore, with bookshelves visible in the background. The children are dressed in casual clothing like t-shirts and jeans. The overall mood is positive and supportive.

Family First
Prevention
Services Act
P.L. 115-123

**SAFE
STRONG
SUPPORTIVE**

casey family programs

A group of diverse young children, including girls and boys of various ethnicities, are smiling and posing for a photo in what appears to be a library or bookstore. Bookshelves filled with books are visible in the background. The children are dressed in casual clothing like t-shirts and jeans. The overall mood is positive and supportive.

Family First
Prevention
Services Act
P.L. 115-123

**SAFE
STRONG
SUPPORTIVE**

casey family programs

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

safe children | **strong** families | **supportive** communities

Family First Prevention Services Act

- The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
- Culmination of years of discussion among key Congressional leaders who share a vision and are passionate about keeping children safely with their families.
 - Over 500 organizations supported this Act

Family First Prevention Services Act

- New option for States and Tribes to claim Title IV-E funds for prevention activities
- New policy to ensure appropriate placements for children in foster care
- Reauthorization of numerous child welfare funding streams
- And much more....

New Funding for Prevention Activities

- Allows states to receive open-ended entitlement (Title IV-E) funding for evidence-based prevention services
 - **Who:** Children at imminent risk of placement in foster care and their parents or kinship caregivers, and pregnant and parenting youth in foster care are eligible.
 - No income test for eligibility
 - **What:** Eligible prevention services are mental health, substance abuse treatment, and in-home parenting skills.
 - **How Long:** Services are allowable for up to 12 months, with no limit on how many times a child and family can receive prevention services if the child continues to be at risk of entry into foster care. Services must be evidence-based and trauma informed.

New Funding for Prevention Activities

- ***When:*** Title IV-E reimbursement for eligible prevention services begins on October 1, 2019.
- **No income test** for prevention services.
- ***Non-Supplantation:*** New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.
- ***MOE:*** MOE will be set at FY2014 spending for these same prevention services for candidates for foster care.

New Policy to Ensure Appropriate Placements in Foster Care

- Provides \$8 million in FY2018 for grants to states and tribes to support the recruitment and retention of high quality foster families.
- Makes changes to what types of out-of-home placements would be eligible for federal Title IV-E reimbursement beginning October 1, 2019.
- States have the option to delay this provision for 2 years. However, delays in implementation of these provisions requires a delay in prevention provisions.

New Policy to Ensure Appropriate Placements in Foster Care

Beginning October 1, 2019, after 2 weeks in care, Title IV-E federal support will support the following placements:

- Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
- Facility for pregnant and parenting youth
- Supervised independent living for youth 18 years and older
- Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
- Family-based residential treatment facility for substance abuse
- Qualified Residential Treatment Program (Q RTP) (defined) – clinically recognized treatment program
 - There are no time limits on how long a child or youth can be placed in a Q RTP as long as the placement continues to meet his/her needs as determined in assessment.

What is a Qualified Residential Treatment Program (QRTP)?

- Has a trauma informed treatment model and a registered or licensed nursing or other licensed clinical staff onsite, consistent with the QRTP's treatment model.
- Facilitates outreach and engagement of the child's family in the child's treatment plan.
- Provides discharge planning and family-based aftercare supports for at least 6 months.
- Licensed and accredited.

New Funding to Support Keeping Families Together During Substance Use Treatment

- Beginning October 1, 2018, Title IV-E foster care maintenance payments can be made on behalf of a child in foster care who is placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
 - No income test applies for these services.
- This opportunity exists regardless of whether a state chooses to operate a prevention program through Title IV-E.

Promoting Timely Permanency for Children Across State Lines

- Provides \$5 million in new grants to states to expand the development of the electronic system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption.
- Requires that states use an electronic interstate case processing system by October 2026.

Additional select items to promote safety, permanency, and well-being

- Provides Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018.
- Requires HHS to identify model foster parent licensing standards; states have to then identify how they will implement.
- Requires the development of a statewide plan to prevent child abuse and neglect fatalities.
- Requires inclusion in the state plan of a description of activities to address developmental needs of young children.
- Eliminates the time limit for reunification services provided during a child's placement in foster care.
- Makes revisions to the Chafee program to emphasize more successful transitions to adulthood.

Reauthorizing Adoption Assistance & Legal Guardianship Incentives

- Reauthorizes the Adoption and Legal Guardianship Incentive Programs through FY2022.
- Delays the phase in/expansion of the Adoption Assistance delink for children under age 2 (eligibility tied to 1996 AFDC income test) through June 30, 2024.

Continuing Child Welfare Funding

- Reauthorizes Title IV-B programs and services until FY2021.
 - Stephanie Tubbs Jones Child Welfare Services Program, including funding for monthly caseworker visits.
 - Promoting Safe and Stable Families Program.
 - Court Improvement Program.
 - Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, or Other Substance Abuse.
- Reauthorizes the John H. Chafee Foster Care Independence Program until FY2021.

President Trump's budget proposals

- Recent Administration budget includes several proposals.
 - Child welfare flexible funding option.
 - Proposed reductions in a number of programs.
- U.S. Congress will pass the budget.
 - Important that we monitor and pay attention to discussions moving forward.

Short-term Challenges for Arizona

- Few of the shelter and group homes where XXXX children are placed meet the new federal standards resulting in loss of funding for these children.
- The inventory of evidence based programs that will be reimbursable is not adequate to meet the need and installing these programs takes money, time & considerable effort.
- Time to implementation is short.

Opportunities

- More children can remain safely at home while families receive the help they need.
- Children who must be removed will be more likely to be placed with kin.
- Kin caregivers will be better supported.
- Youth who cannot be placed with kin, will be placed in family settings that are proven to improve outcomes.

Questions?

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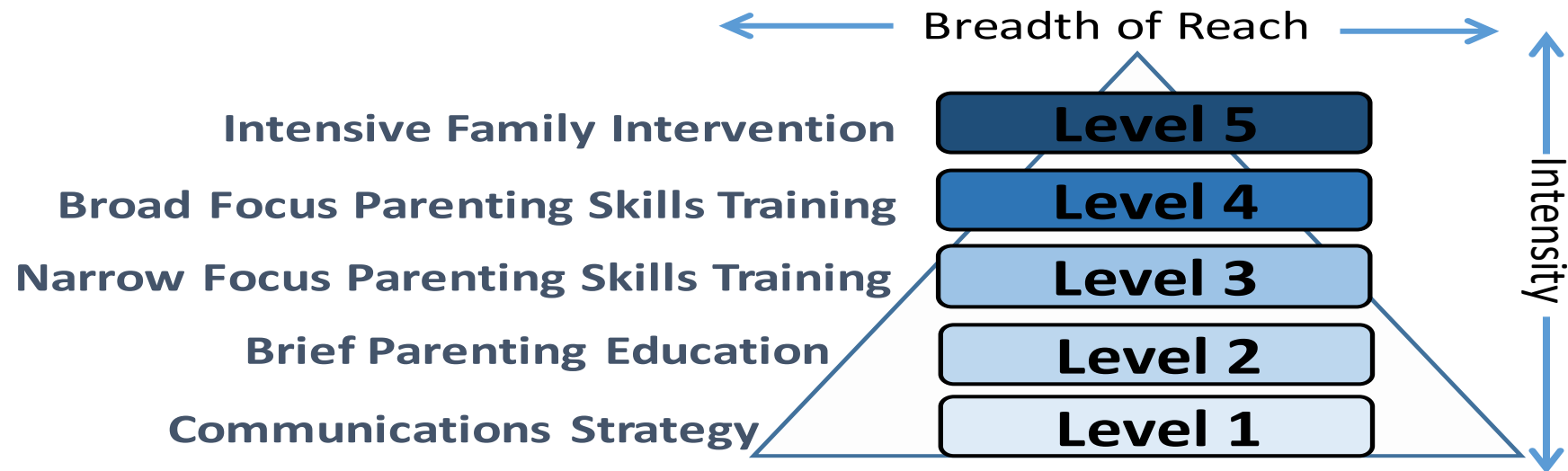
TRIPLE P – Positive Parenting Program

Presentation for the Governor's Council on
Child Safety and Family Empowerment
May 10, 2018

Cricket Mitchell, PhD
Triple P Coordinator, Maricopa County



Triple P – Positive Parenting Program



Triple P is an evidence-based, multi-tiered system for improving parenting practices, family well-being, and children's social and emotional well-being.

Key Principles of Triple P

Minimal Sufficiency: Providing the least intensive solution to a problem

Self-Regulation: The capacity to solve problems independently

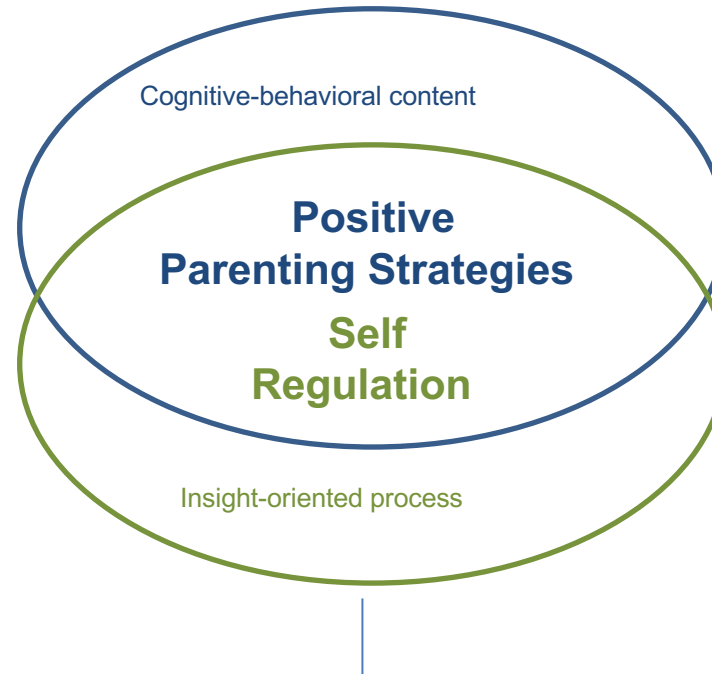


What is Triple P?

An evidence-based population health approach for **improving parenting practices** and children's social and emotional well-being.

Practitioners

Model
Instruct
Role play
Discuss
Collaborate
Facilitate



Parents

Observe
Analyze
Practice
Plan Ahead
Self Reflect
Adjust

Principles of Positive Parenting

Safe & Engaging
Environment

Positive Learning
Environment

Assertive Discipline

Realistic Expectations

Taking Care of
Yourself

Triple P Outcomes

20
LANGUAGES

25+
COUNTRIES

700+
PAPERS

Parent and Child Benefits*

- Decreased parent stress
- Decreased parent anxiety
- Decreased parent depression
- Decreased child behavior problems
- Improved parenting competencies
- Improved family communication skills
- Improved family relationships

Community Impacts*

- Decreased rates of child maltreatment
- Decreased out-of-home placements
- Decreased child injuries due to child abuse or neglect

EVERY US\$1 SPENT ON
TRIPLE P UPSTREAM SAVES
US\$7.48 DOWNSTREAM
ACROSS SEVERAL HUMAN
SERVICES SECTORS



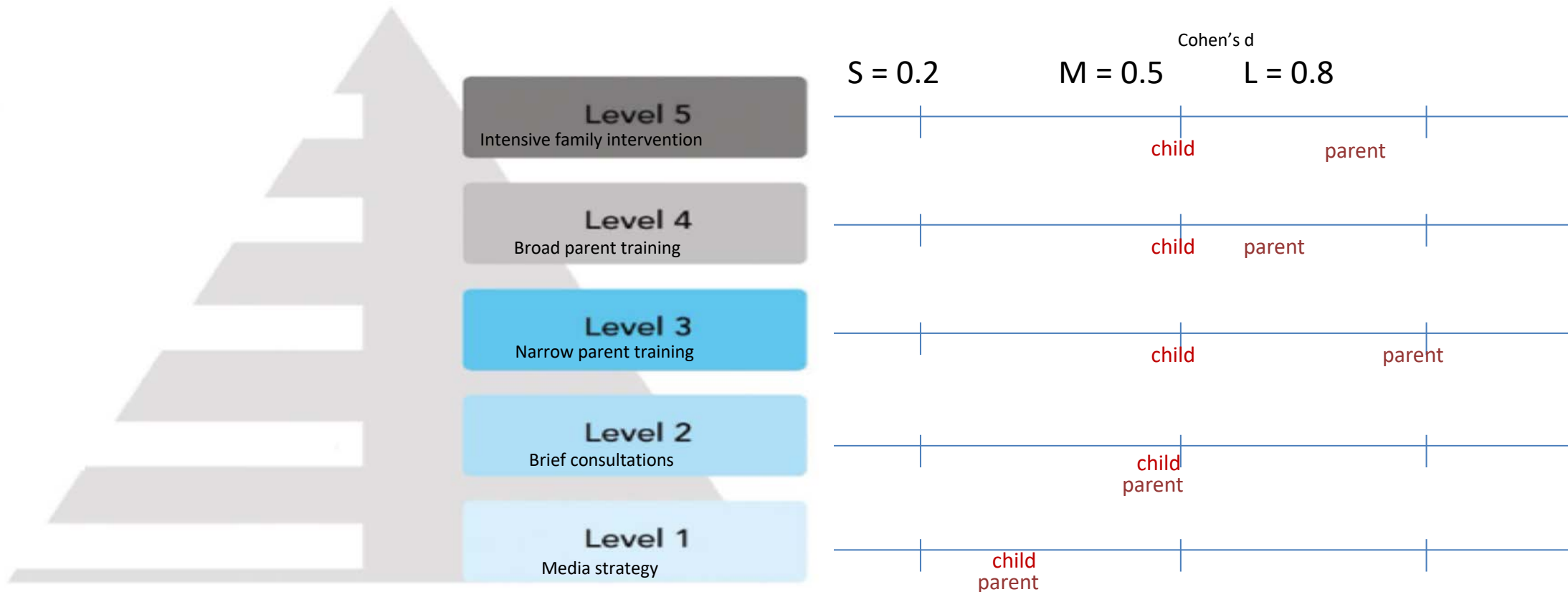
* Prinz, R. J., Sanders, M. : R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1), 1-12.

* 2014 Triple P meta-analysis conducted by Sanders, et al; full citation provided on the following slide



Evidence Base for Triple P Outcomes

Overall **parenting** practices = 0.58
Overall **child** outcomes = 0.47
2014 Triple P Meta-analysis (n = 16,009)*



* Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337–357. <http://doi.org/10.1016/j.cpr.2014.04.003>

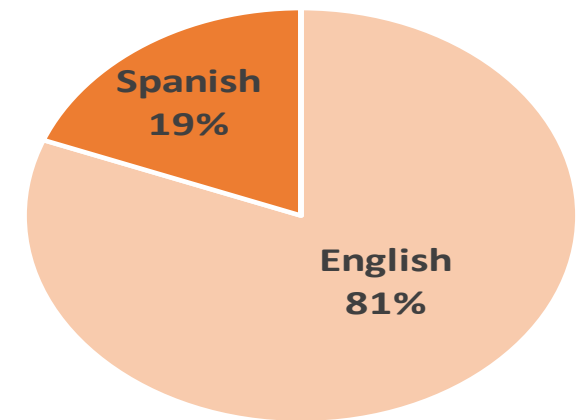
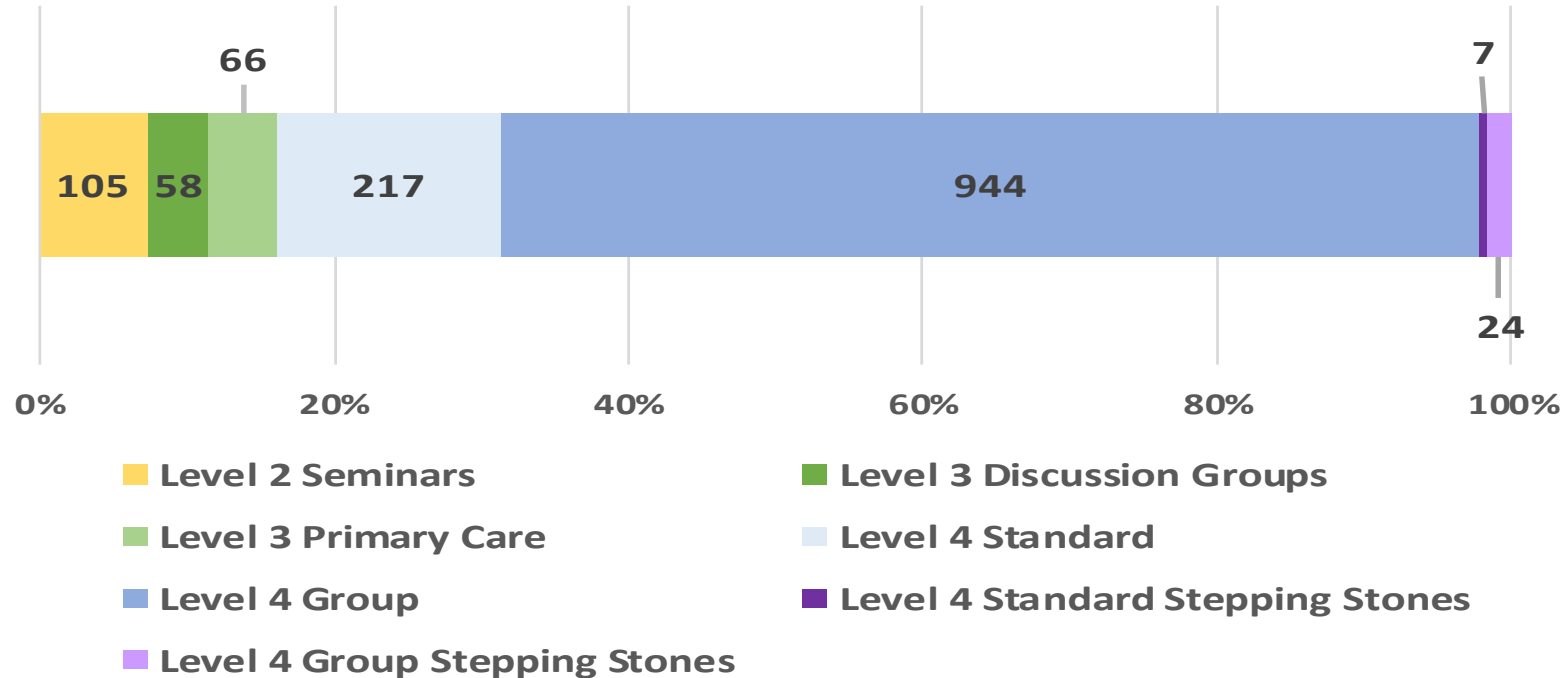
Triple P AZ – Calendar Years 2015-2017*

Triple P Data Were Contributed by:

- ▣ Cradle 2 Crayons
- ▣ Casa de Los Niños
- ▣ Devereux
- ▣ Jewish Family & Children's Services
- ▣ Lutheran Social Services of the Southwest
- ▣ Maricopa County Department of Public Health
- ▣ Phoenix Children's Hospital
- ▣ Touchstone Health Services
- ▣ University of Arizona Cooperative Extension
- ▣ West Valley Child Crisis Center
- ▣ West Yavapai Guidance Clinic

*Triple P service provision began in Fall 2015. Individual family-level data, including pre/post outcomes using standardized questionnaires, were collected only for the Level 4 interventions. Funding for statewide coordination and evaluation, as well as training in Level 4 Standard and Level 4 Group interventions, was generously provided through a Steele Foundation Triple P Capacity-Building Grant to Prevent Child Abuse Arizona.

Triple P AZ Service Delivery

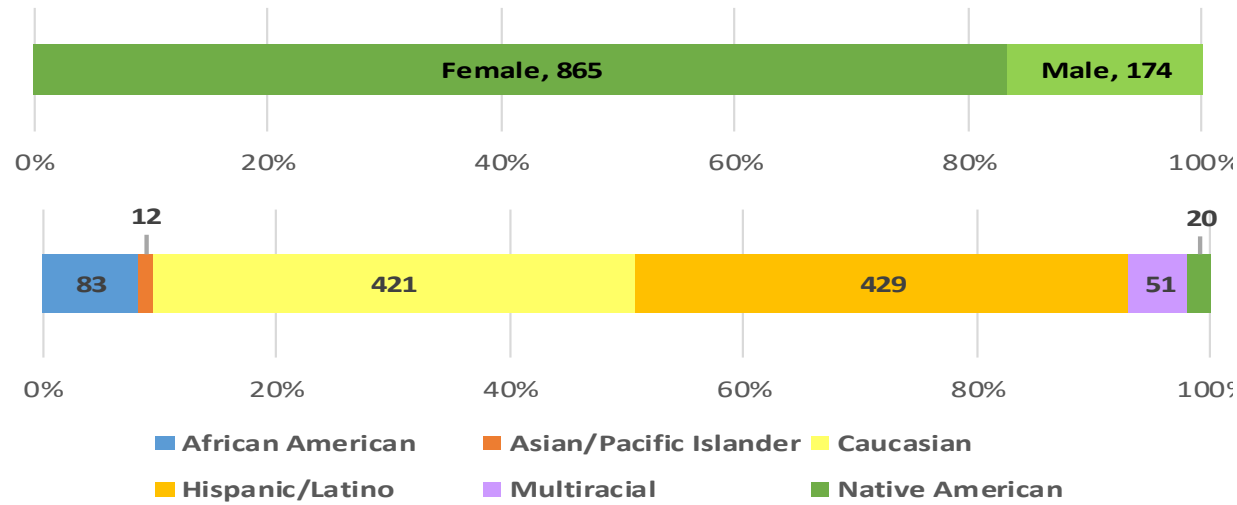


- **1,421** Arizona parents participated in Triple P Positive Parenting education, support, and intervention services in CYs 2015-2017*
- **84%** of the 1,192 parents who participated in Level 4 Triple P services reside in Maricopa County

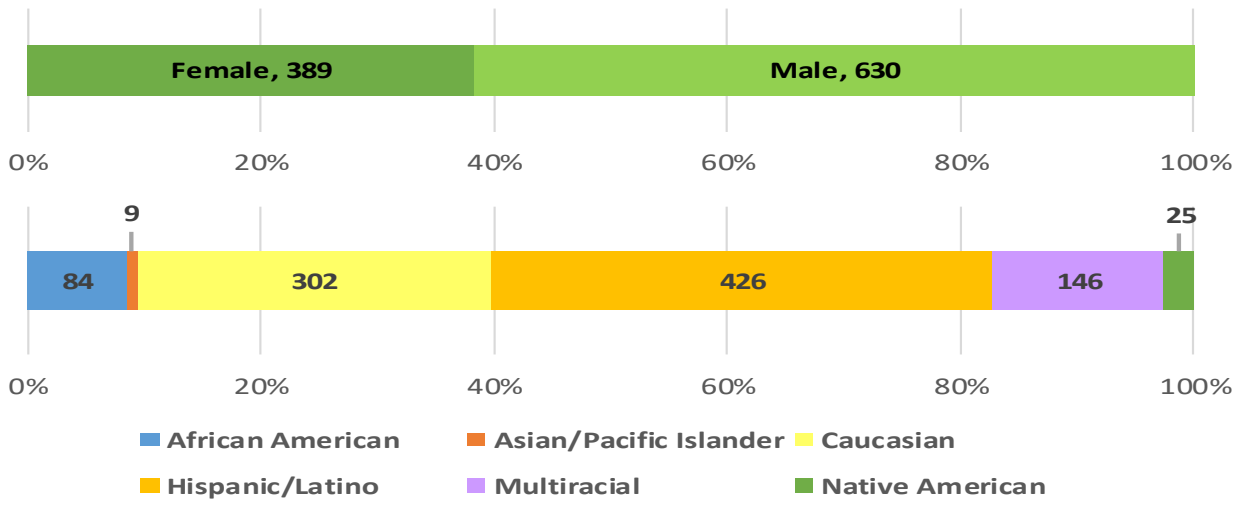
*Service provision began in Fall 2015

Triple P AZ Service Recipients

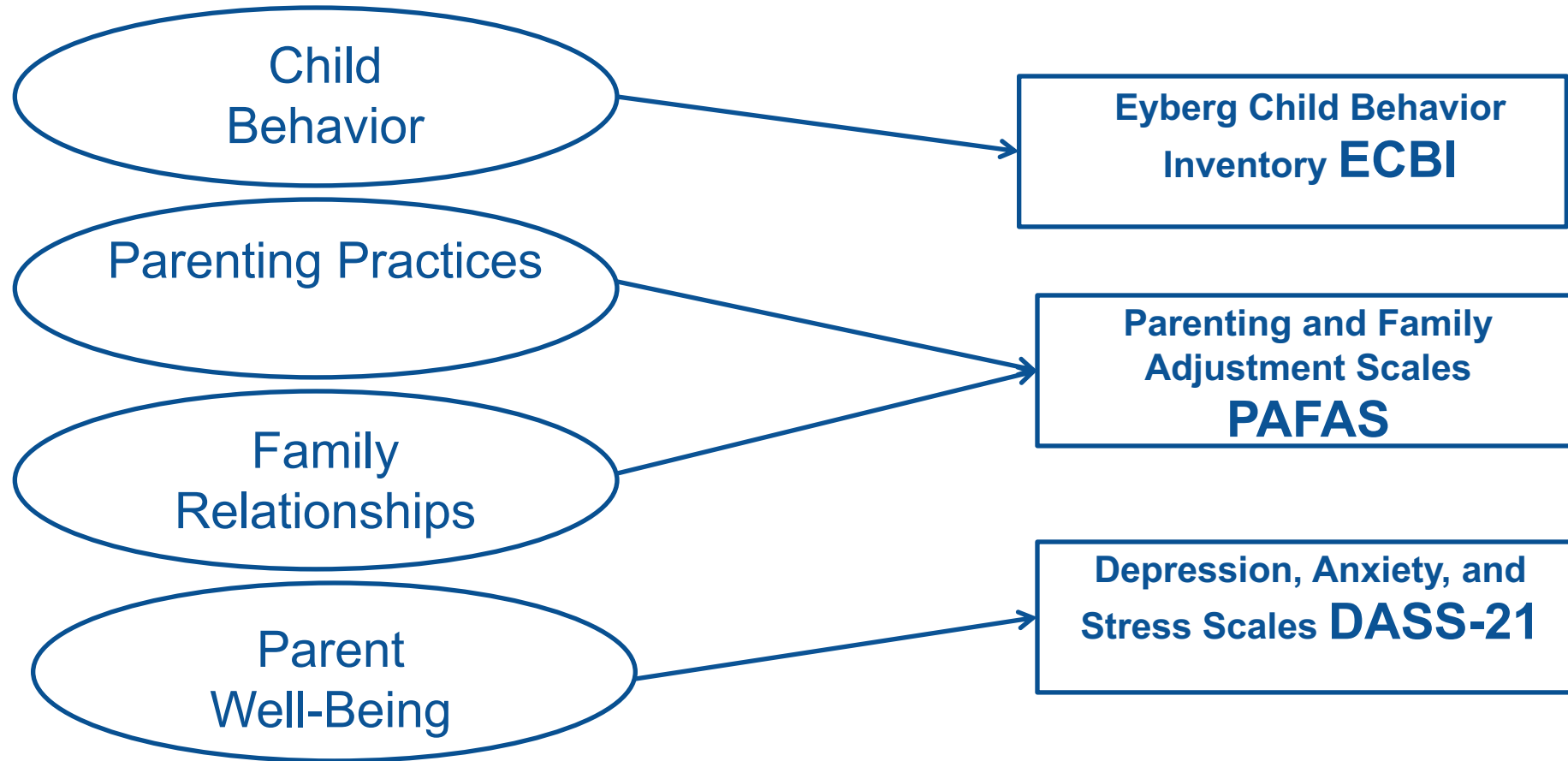
Parent Participant Characteristics



Child Characteristics



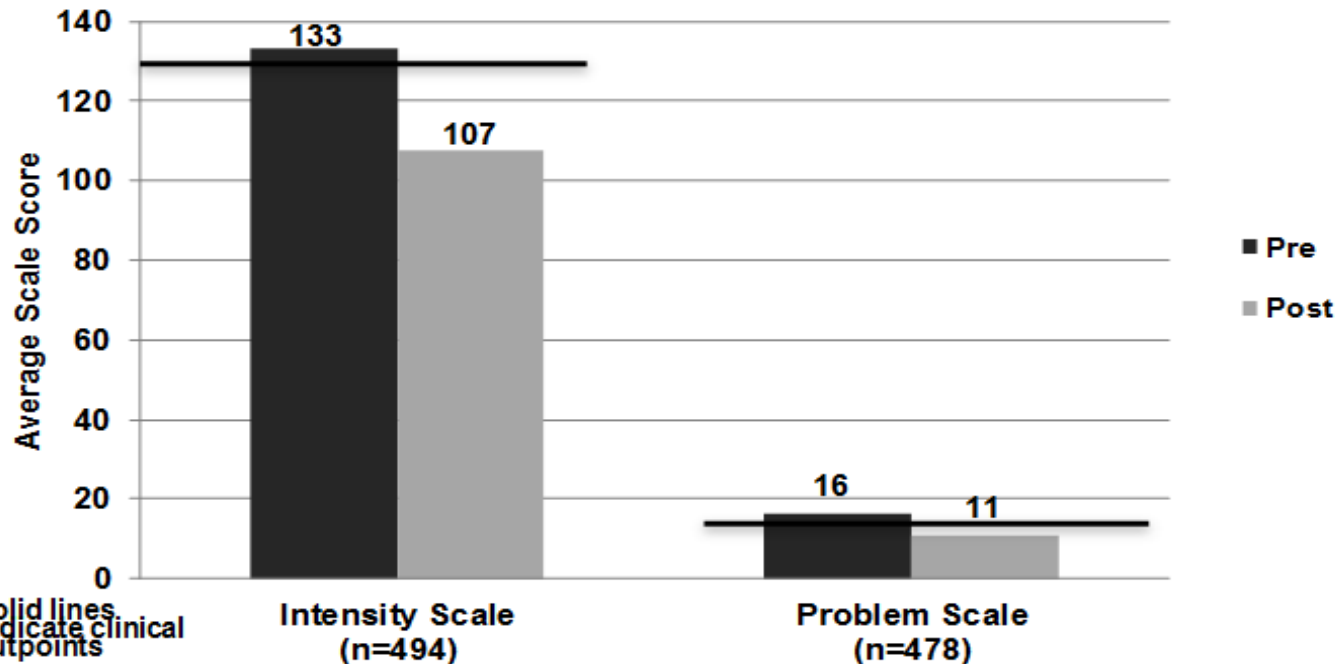
Triple P AZ Standardized Pre/Post Clinical Measures for Level 4 Interventions



Outcome Domain: Child Behavior



Eyberg Child Behavior Inventory (ECBI)
Pre/Post Intensity and Problem Scale Scores
Triple P AZ Level 4 Interventions
2015 thru 2017

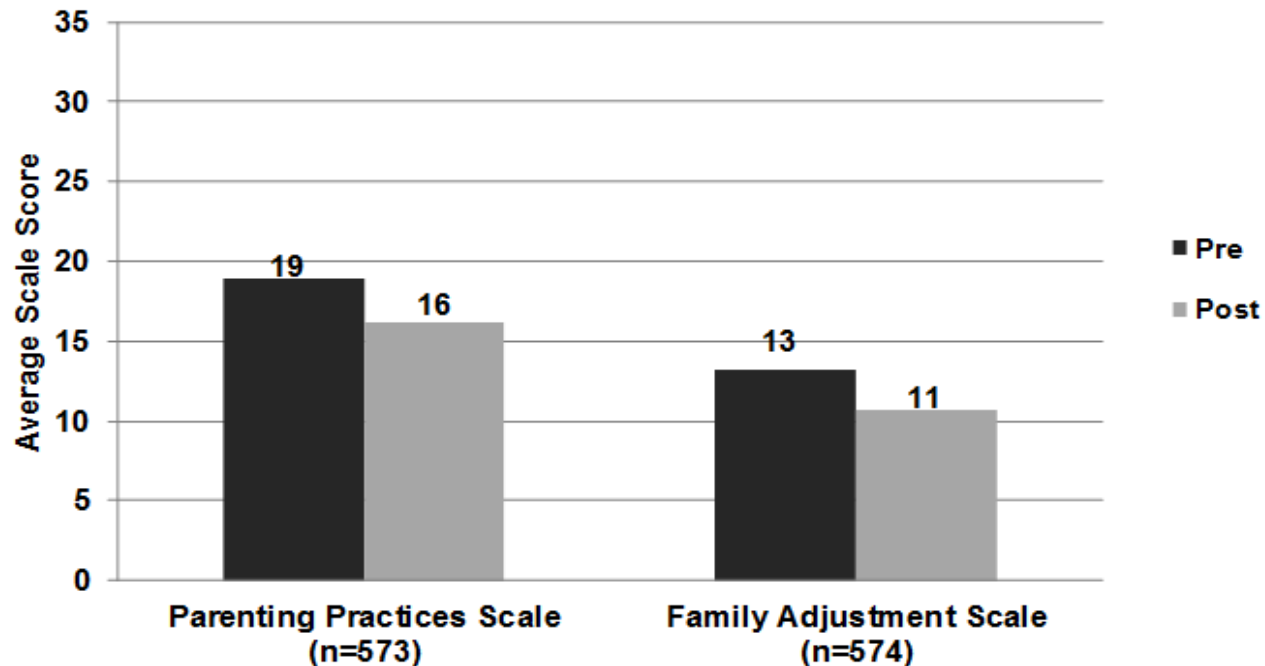


- Parents who completed the ECBI pre- and post- Level 4 Triple P showed:
 - an **improvement of 20%** in the intensity of their children's disruptive behaviors; and,
 - an **improvement of 35%** in the extent to which their children's behaviors are problematic.
- Improvements observed in child behavior are statistically unlikely to be due to chance ($p < .01$)

Outcome Domains: Parenting Style and Family Relationships



Parenting and Family Adjustment Scales (PAFAS)
Pre/Post Parenting Practices and
Family Adjustment Scale Scores
Triple P AZ Level 4 Interventions
2015 thru 2017

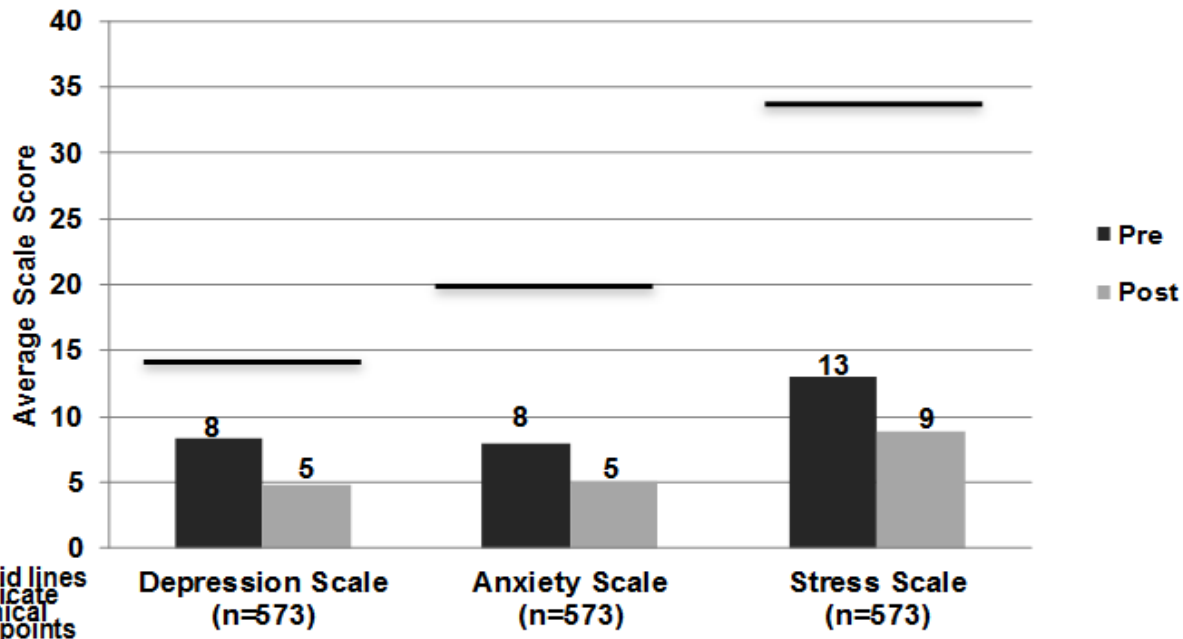


- Parents who completed the PAFAS pre- and post- Level 4 Triple P showed:
 - ▣ an **improvement of 14%** in their parenting practices (i.e., lower levels of coercive parenting, higher levels of consistency and positive encouragement, and improved parent-child relationships); and,
 - ▣ an **improvement of 20%** in family adjustment (i.e., parental adjustment, family relationships, and parental teamwork).
- Improvements observed in parenting practices and family adjustment are statistically unlikely to be due to chance ($p < .01$)

Outcome Domain: Parent Well-Being



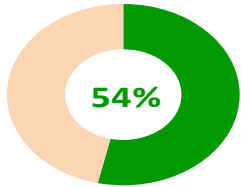
Depression, Anxiety, and Stress Scales (DASS-21)
Pre/Post Scale Scores
Triple P AZ Level 4 Interventions
2015 thru 2017



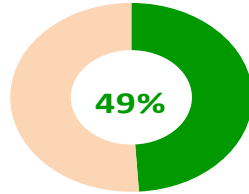
- Parents who completed the DASS-21 pre- and post- Level 4 Triple P showed:
 - an **improvement of 42%** in their reports of depression symptoms;
 - an **improvement of 37%** in their reports of anxiety symptoms; and,
 - an **improvement of 32%** in their reports of stress symptoms.
- Improvements observed in parental adjustment are statistically unlikely to be due to chance ($p < .01$)

Clinically Significant Improvements

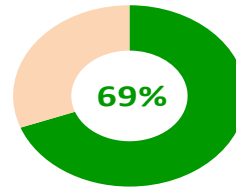
**Intensity of Child
Behavior Problems**
(n=257)



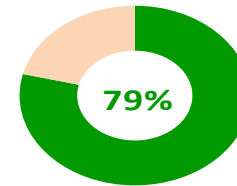
**Degree to which Child
Behaviors are Problematic**
(n=291)



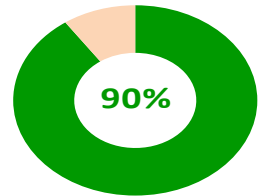
**Parental
Depression**
(n=143)



**Parental
Anxiety**
(n=77)



**Parental
Stress**
(n=27)



- *Each circle and (n) represent all parents who began Level 4 Triple P in the clinical range for child behavior problems and/or parent well-being. The green portion represents the percent who then completed Triple P in the non-clinical range.*

Local Success of Triple P in AZ



- ❑ Families are achieving positive outcomes in the domains of child behavior, parental distress, and parenting competencies
- ❑ Child psychiatrists report seeing a greater difference in children (whose parents participate in Triple P) for whom they've been providing medication for years
- ❑ Practitioners report families experience greater success in just a few months than they had after years of service provision
- ❑ Organizational leads report greater staff retention as a result of satisfaction with providing Triple P
- ❑ Practitioners report great enthusiasm as they share their success with families through Triple P - and they are requesting more training in other Triple P Levels/Interventions

Questions

Cricket Mitchell, PhD
Triple P Coordinator, Maricopa County
Prevent Child Abuse Arizona
email: triplep@pcaaz.org
cell: 858-220-6355

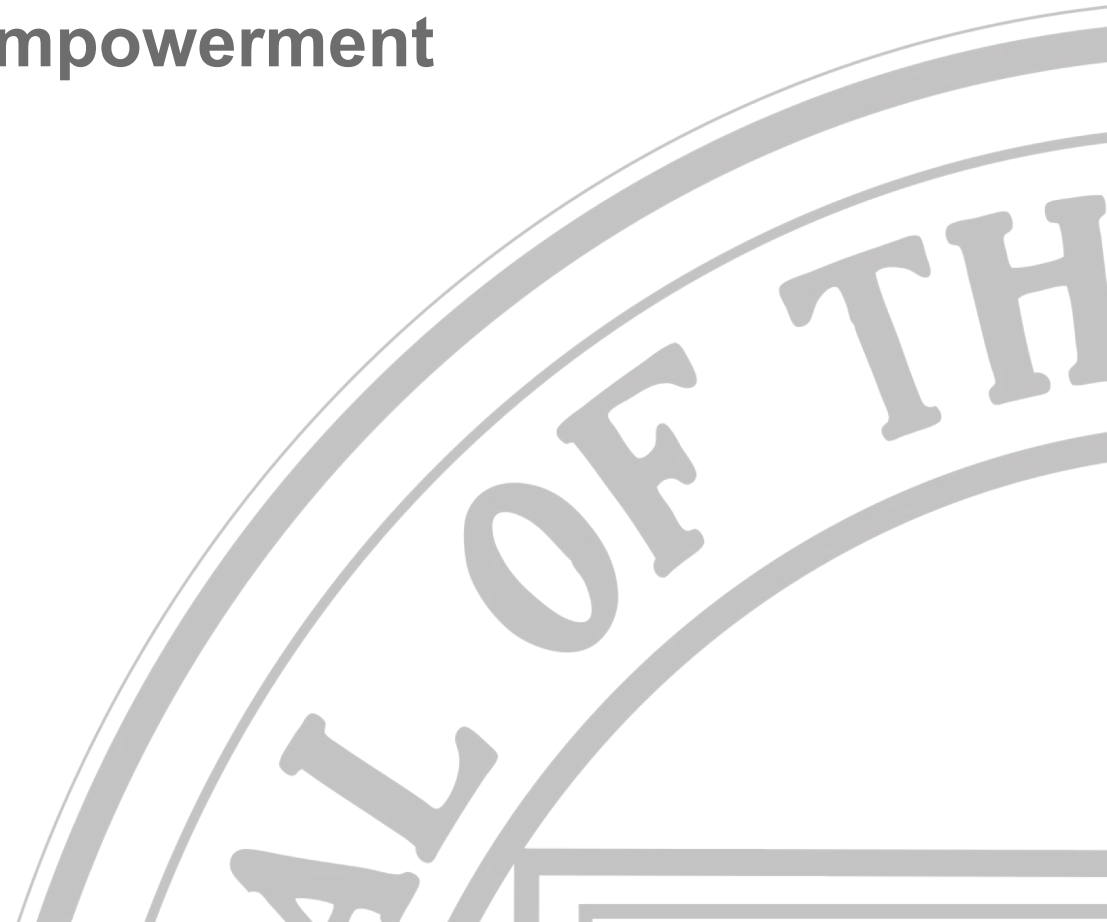
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